



An Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT

**Camp Cochipanee Summer Staff 2023**  
**Counselor, Life Guard, Waterfront Director**  
**Town of Goshen- Goshen Recreation Department**  
**42 North Street, Goshen, CT 06756**

Job application will be kept on file  
for a maximum of three years.

[www.goshenct.gov](http://www.goshenct.gov)

1. Job Applying For (Complete in ink or type)			4. Do you possess a valid drivers license required for the job applied for?	
			Yes No	
USE TITLE ON JOB ANNOUNCEMENT				
2. Your Name			5. Your telephone number	
(PRINT) LAST NAME FIRST MIDDLE			HOME WORK	
3. Address			5a. May we call you at work?	
			Yes No	
NO. AND STREET, OR P.O. BOX APT.NO.				
			6. Are you legally authorized to work in the U.S.?	
			Yes No	
CITY STATE ZIP CODE				
7. Date of Birth			8. A. Social Security Number	
			B. Are you a U.S. Citizen?	
			Yes No	

10a. CRIMINAL BACKGROUND:

**Please complete the attached separate page and return with the completed application form.**

10b. EMAIL ADDRESS:

11. EDUCATION

A. Did you graduate from high school?

Yes

No

B. If you have a high school equivalency certificate, give the place the certificate was granted:

PLACE

C. Give the last high school, or trade school you attended

NAME OF SCHOOL	LOCATION	COURSE

D. List any colleges, business schools, or technical schools you attended following high school graduation:

NAME OF SCHOOL	LOCATION	COURSE OR MAJOR	DATES ATTENDED	DEGREE OR CERTIFICATE RECEIVED

E. Other training (special courses, work training programs, armed forces training). Give name and location where training was given, certificate (if any), subject of training, number of hours weekly, and other details related to the job for which you are applying.

F. This form must be fully completed and signed for further consideration. Reference to any attachments is not acceptable.

\*State law prohibits job discrimination on the basis of age, race, color, sex, marital status, religious creed, sexual orientation, national origin, ancestry, past or present mental disorder, mental retardation, learning disability or physical disability unless they are bona fide occupational qualifications.

12. EXPERIENCE: Describe under the headings given below, your employment history, including military service. BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARD CONSECUTIVELY TO YOUR FIRST ONE. Applicants may be required to furnish satisfactory proof of experience claimed.

STARTING DATE MONTH YEAR	ENDING DATE MONTH YEAR	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER	
REGULAR SALARY (excl. O.T., etc.)		HOURS PER WEEK	NAME, TITLE AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR
DATE OF LAST INCREASE		REASON FOR LEAVING (explain)	

YOUR PRESENT OR LAST JOB TITLE:

YOUR DUTIES:

STARTING DATE MONTH YEAR	ENDING DATE MONTH YEAR	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER	
REGULAR SALARY (excl. O.T., etc.)		HOURS PER WEEK	NAME, TITLE AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR
DATE OF LAST INCREASE		REASON FOR LEAVING (explain)	

YOUR PRESENT OR LAST JOB TITLE:

YOUR DUTIES:

STARTING DATE MONTH YEAR	ENDING DATE MONTH YEAR	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER	
REGULAR SALARY (excl. O.T., etc.)		HOURS PER WEEK	NAME, TITLE AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR
DATE OF LAST INCREASE		REASON FOR LEAVING (explain)	

YOUR PRESENT OR LAST JOB TITLE:

YOUR DUTIES:

13a. Have you any objection to Human Resources checking employment references? Yes No

13b. If you used a different name(s) with past employers, please provide us with such name(s) in order that we can adequately verify employment history or educational background.

14. SPECIAL SKILLS OR ABILITIES (Optional)

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER, ATTACH SUCH SHEET AT TOP OF PAGE.

CERTIFICATION: I certify that all statements made or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I give approval for the Town to inquire of my employment references and credit report. If I do not wish to have specific references checked, I will give prior written notification of same. I understand that my employment is terminable at will by either party. I also understand that I must successfully pass the required qualifying test(s) for this position, including a pre-employment medical exam and physical agility test, if job related, and a drug screening test, if required.

I agree to sign any authorization or release forms necessary to enable the Town of Goshen to obtain any information, records or reports referred to in this application.

DATE

SIGNATURE OF APPLICANT

## 10. CRIMINAL BACKGROUND

(Continued from the Front Page of the Application)

### NOTE:

**THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY MEMBERS OF THE HUMAN RESOURCES DEPARTMENT (OR THE PERSON(S) IN CHARGE OF EMPLOYMENT) AND ANYONE INVOLVED IN INTERVIEWING THE APPLICANT**

Applicants are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been "erased." The types of records subject to erasure under Connecticut law are as follows:

- (a) a finding of delinquency or that a child was a member of a family with service needs;
- (b) a sentence as a youthful offender;
- (c) a criminal charge that was dismissed or "nulled";
- (d) a criminal charge for which the person was found not guilty; and
- (e) a conviction for which the person received an absolute pardon.

Any applicant whose criminal records were erased will be considered to have never been arrested and may so swear under oath.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of state and federal law.

Have you ever been convicted of a crime?

Yes

No

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

---

---

---

---

---

---

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Date:

## Equal Employment Opportunity Questionnaire

**To the applicant:** The town of Goshen is an Equal Opportunity Employer. In order to assist the town in assessing its Affirmative Action Plan and improving its recruitment program, it would be helpful if you would provide the following information.

Response to the questionnaire is optional. You are not required to provide this information and failure to answer the questions will not affect the status of your application. If completed, please place this form along with your completed job application in an envelope and mail to the Town of Goshen.

The Town of Goshen appreciates your cooperation in helping to fulfill its commitment to Affirmative Action and Equal Employment Opportunity.

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Position Sought:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Sex:** Male Female



If you wish to identify yourself as a member of a particular racial or ethnic group, please check one of the following:

White	Black	Hispanic	Asian or Pacific-Islander	American Indian or Alaskan Native
-------	-------	----------	------------------------------	--

**Do you have a handicap or disability?**

Yes

No

**How did you learn of the position opening?**